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FAX TRANSMISSION**DATE:** April 22, 2005**PTO IDENTIFIER:** Application Number 10/049,986
Patent Number**Inventor:** Scishi Nagamori**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP
John B. Alexander, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 56972 (71526)**PAGES (Including Cover Sheet):** 10**CONTENTS:** Amendment Transmittal (1 page)
Response to Restriction Requirement (7 pages)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/049,986

Attorney Docket No.: 56972 (71526)

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Amendment Transmittal (1 page)
Response to Restriction Requirement (7 pages)

AMENDMENT TRANSMITTAL LETTER			Docket No. 56972 (71526)	
Application No. 10/049,986	Filing Date July 1, 2002	Examiner T. M. Brown	Art Unit 1648	
Applicant(s): Seishi Nagamori				
Invention: METHOD AND APPARATUS FOR PROLIFERATING HEPATITIS VIRUS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
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<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
John B. Alexander, Ph.D. Attorney Reg. No.: 48,399 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>April 22, 2005</u>
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Dated: April 22, 2005		Signature: <u>Michelle Chicos</u> (Michelle Chicos)		

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Docket No. 56972 (71526)


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: S, Nagamori
SERIAL NO.: 10/049,986 GROUP: 1648
FILED: July 1, 2002 EXAMINER: T. M. Brown
FOR: METHOD AND APPARATUS FOR PROLIFERATING HEPATITIS
VIRUS

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P.O. Box 1450
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RESPONSE TO RESTRICTION REQUIREMENT

Applicants are in receipt of the Office Action dated March 22, 2005 and request reconsideration of the above-identified application in view of the following claim amendments, remarks and elections.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.